Title of Invention

Approved for use through 05/31/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Marek's Disease Virus Vaccine

| As the below named inventor(s), I/we declare that: | | | | |
|---|------------------------------|--|--|--|
| This declaration is directed to: | | | | |
| ☐ The attached application, or | | | | |
| ☐ Application No ☐ as amended on | , filed on, | | | |
| \square as amended on | (if applicable); | | | |
| I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought; | | | | |
| I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above; | | | | |
| I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application. | | | | |
| All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon. | | | | |
| | | | | |
| FULL NAME OF INVENTOR(S) | | | | |
| Inventor one: Sanjay M. Reddy | | | | |
| Signature: | Citizen of: US | | | |
| Inventor two: Blanca M. Lupiani | | | | |
| Signature: | Citizen of: US | | | |
| Inventor three: Richard L. Witter | | | | |
| Signature: | Citizen of: US | | | |
| Inventor four: | | | | |
| Signature: | Citizen of: | | | |
| Additional inventors are being named on addition | nal form(s) attached hereto. | | | |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 11/30/2005. OMB 0651-0035

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| POWER OF ATTORNEY OR | | Application Number | New | | |
|--|---|--|---|--|--|
| | | Filing Date | July 21, 2003 | | |
| | | First Named Inventor | Sanjay M. Reddy | | |
| AUTHORIZATION OF AGENT | | Title | Marek's Disease Virus Vaccine | | |
| • | | Art Unit | | | |
| \$ | | Examiner Name | | | |
| | | Attorney Docket Number | 0167.03 | | |
| I hereby appoint: ☐ Practitioners at Customer Number OR ☐ Practitioner(s) named below: 25712 | | | | | |
| | | | | | |
| | Name | Registration | n Number | | |
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| as my/our attorn business in the t | ey(s) or agent(s) to prosecut United States Patent and Tra | te the application identified ademark Office connected | l above, and to transact all therewith. | | |
| | orrespondence address for tioned Customer Number. | the above-identified applic | ation to: | | |
| □Firm <i>or</i> Individual Name | | | | | |
| Address | , | | | | |
| Address | | | | | |
| City | | State | Zip | | |
| Country | | | | | |
| Telephone | | Fax | | | |
| l am the: ☑ Applicant/Inventor. | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | |
| Name | Sanjay M. Reddy | | | | |
| Signature | | | | | |
| Date | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | |
| ☑ *Total of <u>3</u> forms are submitted. | | | | | |
| This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by | | | | | |

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| | | Application Number | | New | New | |
|--|--|---------------------------|-------------------|----------------------------------|---------------|--|
| DOWED | OE ATTORNEY OR | Filing Date | • | July 21, 200 | July 21, 2003 | |
| POWER OF ATTORNEY OR AUTHORIZATION OF AGENT | | First Name | ed Inventor | Sanjay M. F | Reddy | |
| | | Title | | Marek's Disease Virus Vaccine | | |
| | | Art Unit | | | | |
| | | Examiner | Name | | | |
| | | Attorney Docket Number | | 0167.03 | | |
| OR | t: s at Customer Number (s) named below: | 2 | 5712 | | | |
| - Tractitioner | (3) Harried Below. | | · | | | |
| · . | Name | | Registratio | n Number | | |
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| as my/our a business in | ittorney(s) or agent(s) to prosecuthe United States Patent and Tra | te the appli ademark O | cation identified | I above, and to therewith. | transact all | |
| Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR | | | | | | |
| □Firm <i>or</i> Individual Name | | | | | | |
| Address | | | - | | | |
| Address | | | | | | |
| City | | State | | Zi | р | |
| Country | | | | | | |
| Telephone | | Fax | | | | |
| I am the: ☑ Applicant/Ir | ventor. | | | | | |
| □ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | |
| Name | Blanca M. Lupiani | | | | | |
| Signature | | | | | | |
| Date | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | |
| ★Total of 3 forms are submitted. | | | | | | |

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| DOMED OF ATTORNEY OF | Filing Date | July 21, 2003 | | | |
| POWER OF ATTORNEY OR | First Named Inventor | Sanjay M. Reddy | | | |
| AUTHORIZATION OF AGENT | Title | Marek's Disease Virus Vaccine | | | |
| | Art Unit | | | | |
| | Examiner Name | | | | |
| | Attorney Docket Number | 0167.03 | | | |
| I hereby appoint: ☑ Practitioners at Customer Number OR □ Practitioner(s) named below: 25712 | | | | | |
| Name | Registration | n Number | | | |
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| as my/our attorney(s) or agent(s) to prosecu business in the United States Patent and Tra | | | | | |
| Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR | | | | | |
| □Firm or Individual Name | | | | | |
| Address | | | | | |
| Address | | | | | |
| City | State | Zip | | | |
| Country | | | | | |
| Telephone | Fax | | | | |
| l am the: ☑ Applicant/Inventor. | | | | | |
| □ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | |
| Name Richard L. Witter | | | | | |
| Signature | | | | | |
| Date | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | |
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